

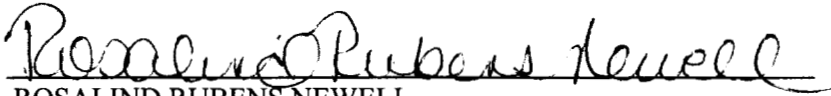
Entered - 09/14/00 - sb
CL00L0557 - DIANNE C. MITCHELL

CLAIM OF: **CARL A. FARBER**
75 Harris Street
McDonough, Georgia 30253

00- *R* -1608

For damages alleged to have been sustained as a result of vehicular damage
as a result of falling plaster on September 9, 1998 at 1400 Aviation
Boulevard.

THIS ADVERSED REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0557

Date: September 21, 2000

Claimant /Victim CARL A. FARBER

BY: (Atty) _____

Address: 75 Harris Street, McDonough, Georgia 30253

Subrogation: _____ Claim for Property damage \$ 600.34 Bodily Injury \$ _____

Date of Notice: 09/11/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) _____

Date of Occurrence 09/09/98 Place: 1400 Aviation Boulevard

Department Aviation Division: _____

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges his vehicle was damaged when plaster from an overhanging ceiling fell onto same. However, the claim as presented does not comply with the requirements of notice as set forth in O.C.G.A. §36-33-5, the six month statute of limitations expired prior to receipt of the claim.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

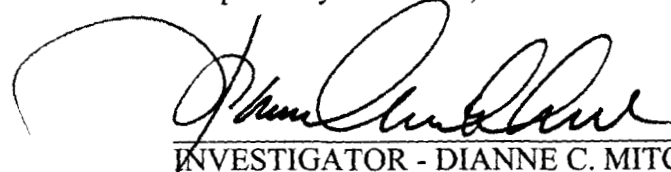
Improper Notice _____ More than Six Months X Other _____ Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 09-21-00

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 9/6/00

M. Mitchell
09/13/00
AM

Dear Municipal Clerk:

ENTERED - 9-14-00 - SB
00L0557 - DIANNE MITCHELL

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 600.34 property and/or \$ N/A bodily injury for which I contend the City is liable.

1. Date of incident: 09/09/98 2. Time of Incident: 2:35am 3. Police called: X
(month/day/ year) Yes No

4. Location of incident (including street address): 1400 AVIATION BLVD

5. Name of your insurance company: PROGRESSIVE Policy No. 09518482-5

6. State what and how incident occurred: PLASTER & CEILING FELL ON RIGHT REAR PANEL.
CAR WAS PARKED UNDER THIS OVERHANG THAT FELL. POLICE REPORT
ATTACHED.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: CADILLAC 1985 956 FT CARL A. FARBER
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: N/A
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: N/A
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Carl A. Farber
Signature of Claimant

CARL A. FARBER

(Print Claimant's Name)

75 HARRIS STREET

(Address)

McDONOUGH, GA 30253

(City, State and Zip Code)

N/A(NIGHTSHIFT)

(Work Number)

770 957-8635

(Home Number)

00- -1608